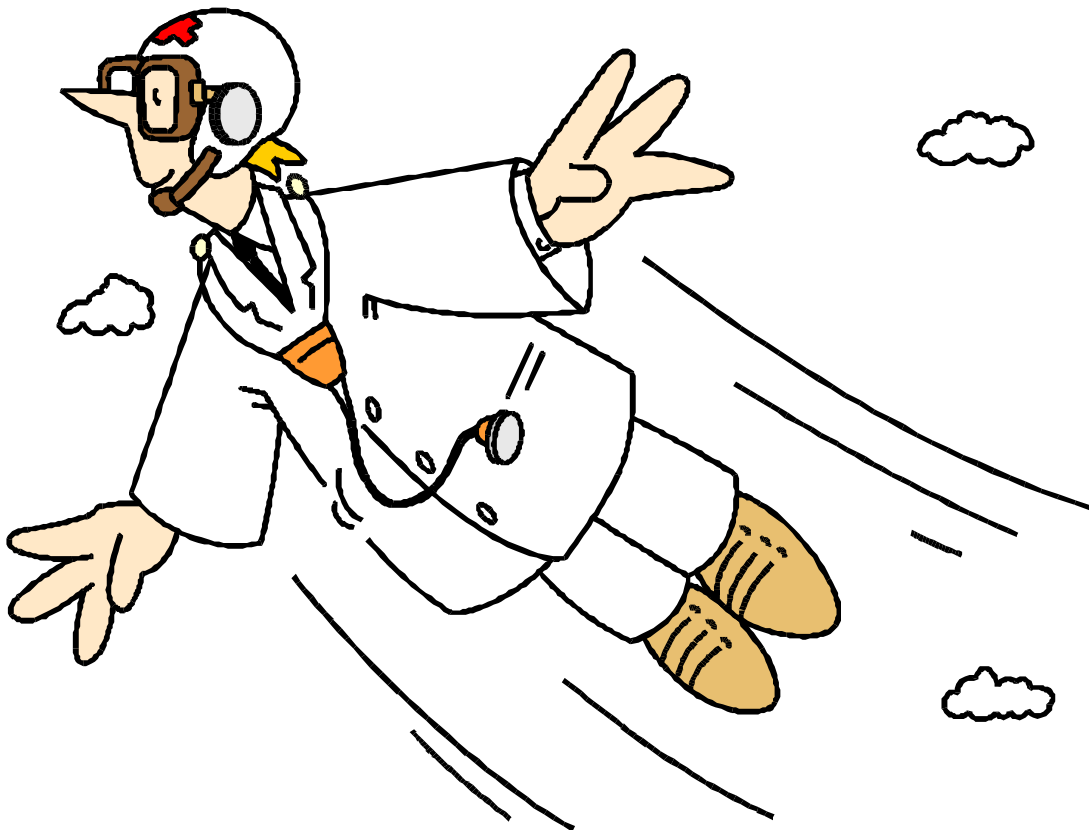




Medicaid



Coverage Group Code “E”

Bureau of Eligibility Services
June 2005

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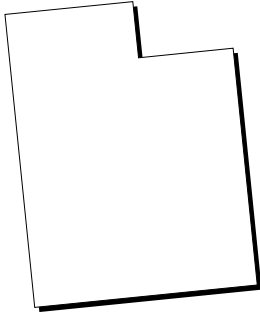
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Questions & Answers (Activity)

EMERGENCY MEDICAID

Vol. IIIF Sec. 205-6

Emergency Medicaid provides coverage, for ***Emergency Medical Services ONLY***, to Utah residents who do not qualify for full Medicaid because they do not meet the U.S. Citizenship or Medicaid eligible Qualified Alien criteria.



Emergency Medicaid still requires an individual to meet Utah residency requirements, even though they don't have to meet U.S. citizen/qualified alien requirements.

Consider Emergency Medical eligibility for:

- Undocumented aliens
- Aliens who are in the country legally but are not qualified aliens.
- Qualified aliens who are barred from the full Medicaid coverage for 5 years.
- Citizens of *Freely Associated States who meet state residency requirements. *Micronesia, Palau & the Marshall Islands. (These individuals may apply to USCIS for permanent resident status.)

If an individual indicates that he/she does not meet U.S. residency rules, accept the customer's statement and do not require them to verify status. Citizenship questions must be answered correctly on the application form or Affidavit of Citizenship/Alien Status form 61AA.

Emergency Medical is NOT a separate type of Medicaid.

- An individual must still qualify for a Medicaid Program. (FM-F CM, PG, PN, NB, NB+, AM, DM, or BM.)
 - **Note:** For FM program always use FM-F NOT FM-O.
- An individual must meet all the rules for the qualifying Medicaid program with the exception of U.S. citizenship and Social Security number regulations.

Individuals who only qualify for PCN, CHIP, QMB, SLMB or a QI group, are NOT eligible for Emergency Medical Services.

Emergency services also do not cover long-term Nursing Home or HCB waivers services.

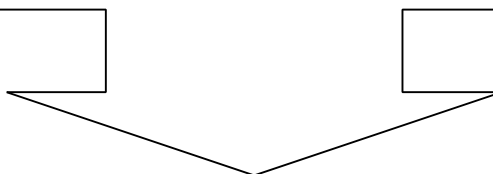
Use FM-F not FM-O.

Spenddown

If a spenddown is required, the individual is not eligible until the spenddown has been met. Retroactive coverage is allowed.

- \$ Before authorizing a spenddown, check with Medical Claims to make sure the emergency service is a covered service and it exceeds the cost of the spenddown amount.

***Use the
Emergency Medicaid Spenddown Fax Sheet
to contact Medical Claims.***



Confidential

Emergency Medicaid **Spenddown Fax Sheet**

To: Ryan
Fax: 801-538-6382
From: _____

Date: _____

Ph # _____

Medicaid Client: _____
PACMIS # _____ 0# _____

Attached: Emergency Room Report ☐
 History and Physical ☐
 Discharge Summary ☐

This client has a spenddown. Would this claim be paid by Medicaid? Please respond by e-mail within 5 working days to the worker listed above.

Emergency Medicaid Spenddown Fax Sheet

Rule of Thumb

***“If a procedure can be scheduled in the future,
the service will rarely qualify as an emergency.”***

The eligibility worker should not deny Emergency Medicaid eligibility because they suspect the applicant does not have an emergency medical need. If eligible, the worker should open Emergency Medicaid for each month the applicant indicates they have a medical need.

Emergency Medicaid Cases with a Spenddown

Before a spenddown is collected, it is important to make sure the service they are requesting coverage for is an Emergency Medicaid covered service. The decision as to whether the service qualifies as an emergency is a claims issue, not an eligibility issue. Ryan with Coverage and Reimbursement will make this determination. He can be faxed at 801-538-6382, if you have any questions. Decisions cannot be made over the phone, documentation must be seen before the decision can be made.

Follow These Steps:

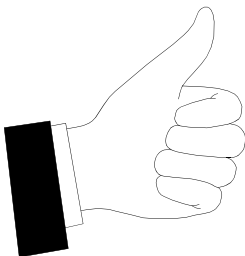
- Complete Fax Cover Sheet.
- You must include documentation of medical bills in question:
 - ✓ Emergency Room Report for emergency room visits
 - ✓ History and Physical for an inpatient stay
 - ✓ Discharge Summary for an inpatient stay
 - ✓ Drs. notes and lab/x-ray reports for physician visits
- Send Fax Cover Sheet with documentation to Ryan.
- Ryan will review the information and e-mail the decision to the worker.
- The eligibility worker decides if the spenddown is cost effective.

Emergency Services

What is an Emergency Service?

The Emergency Services Identification Card is valid for emergency services only. The following is the definition of “emergency” as it applies to the services.

“Emergency” shall mean a medical condition for which the absence of immediate medical attention could reasonably be expected to result in death or permanent disability to the person, or in the case of a pregnant woman, to the unborn child. Emergency services shall be those rendered from the moment of onset of the emergency condition, to the time the person’s condition is stabilized at an appropriate medical facility, or death results. The definition of emergency services shall include labor and delivery services, but not pre-natal or post-partum services. Emergency services shall not include prolonged medical support, medical equipment, or prescribed drugs which are required beyond the point at which the emergency condition has been resolved. Emergency services also shall not include long term care or organ transplants. This definition is found in the Medicaid Information Bulletin Number 88-91, effective date January 1, 1989.



RULE OF THUMB

**If a procedure can be scheduled in the future,
the service will rarely qualify as an emergency.**

Approval will cover the medical emergency only; such as delivery of a child or a life-threatening situation. Coverage is limited to the time the emergency situation exists and Medicaid pays only for the emergency part of the services. A person approved for Emergency Medical will receive a Medicaid card which is labeled **“FOR EMERGENCY SERVICES ONLY.”**

DO NOT give the form 695 to any customer who is eligible for emergency services only!

Emergency-Only Medicaid should generally be open one month (or perhaps two) and then closed. Retroactive months are also allowed. Only approve eligibility for the month/s a person claims they had an emergency service. An “emergency” is usually of short duration. Continued care for a serious medical condition is not an emergency, once the person is stabilized. Tell the person they may reapply when and/or if another medical emergency situation occurs.

- **Educate the customer as to the definition of an “Emergency Service.”** Explain that if a procedure can be scheduled in the future, even if it is a necessary service, it is not likely to meet the emergency only criteria. Workers need to stay away from answering specific coverage questions. Refer the customer to the Medicaid Claims Hotline number for specific coverage questions (1-800-662-9651).
- All claims are reviewed by Medicaid Operations to determine if the service meets the criteria for coverage under Emergency Medicaid. **Do not deny Emergency Medicaid eligibility because you do not think the service received was really an emergency. Do not leave the program open because you think they may have an emergency in the future.** *Exception:* pregnant women may be open for emergency services the month before their baby’s due date and remain open until the birth.
- Emergency Medicaid may be provided for each month the applicant indicates that they have had an emergency medical need. The ‘E’ program should be closed at the end of the month the recipient has not received an emergency services in that month. Use the ‘EM’ closure code and send the appropriate notice (MCEM).

Emergency Prenatal Medicaid

Birth of a baby qualifies as an Emergency Medical Service. Coverage for Emergency Medical for pregnant women may begin in the month before the expected date of delivery, if the delivery is the only indicated medical need.

Special PN-E Circumstances: Pregnant women may be eligible for emergency services any time during their pregnancy if they have an emergency need. If the mother is open for PN-E prior to the month of birth, because of a special medical need, we need to track that medical need. Determination does not follow through if there is no medical need in continuing months. If the medical need is no longer applicable, close the PN-E case.

If the PN-E program was closed and the pregnant woman applies again with an emergency medical need (including the birth of her baby), a new eligibility determination is required. Depending on the household circumstances, income, etc. the woman may or may not be eligible this time. A new PN-E determination must be made.

Automatic 60-Day Coverage: Emergency Medicaid for a pregnant woman does not qualify the woman for the 60-day postpartum period. A newborn, however, automatically qualifies for the 60-day coverage. It does not matter if the birth is verified; the newborn's eligibility is automatic. The newborn may be open for Postnatal (PN+), Newborn (NB) or Child (CM) Medicaid.

Postnatal Coverage: Pregnant women who are approved for Emergency Services are considered to be Medicaid recipients for the purpose of qualifying the child for PN+. A child born to a woman who is receiving Emergency Medicaid qualifies for the extended one year Medicaid under the Postnatal (PN+) program as long as birth verification is provided and the child continues to reside with the mother.



See page 9 for Special PACMIS Procedures for PN-E.

PACMIS Procedures for Emergency Medical

Registering Emergency Medicaid

Register the appropriate Medicaid Program with an 'E' in the Medicaid Coverage Group.

Register whatever program the customer is eligible for (such as NB or DM), then post an "E" in the Medicaid coverage group field (NB-E or DM-E) on REAP or APMA. The "E" will allow the customer to pass citizenship and code the Medicaid Card that is it for *Emergency Services Only*. "Emergency Services" will appear on the Medical Card.

Note: When approving Family Medicaid for emergency services, always use FM-F category (FM-F-E). PACMIS is not programmed for FM-O-E.

NEVER CODE A PERSON WHO MEETS U.S. CITIZENSHIP OR QUALIFIED ALIEN REQUIREMENTS "IN" ON AN EMERGENCY MEDICAL CASE.

PACMIS Notices

Use these special PACMIS notices for Emergency Medicaid Cases:

Approval Notice	MEAA
Closure Notice	MCEM
Denial Notice	MDEM

SPECIAL PACMIS CODING FOR EMERGENCY MEDICAL PN/PG CASES:

Register PN-E coding the mother 'IN' on SEPA. Code the unborn child's participation 'UB' on SEPA. (During the month of birth, the unborn child cannot be coded 'IN' on the PN-E case for the mother because the child meets U.S. citizenship criteria and qualifies for full Medicaid services, not Emergency Medical.) Open the unborn/newborn child on NB or CM to insure that the baby has medical coverage the month of birth, (when the mother is receiving PN-E or PG-E). Code the child "IN" on SEPA for the NB or CM case. Do not post income or assets on the NB or CM case, because based on the PN-E eligibility, the child is automatically eligible for coverage. Authorize eligibility for the month of birth and then close the NB or CM case "XS". For the month after the month of birth, change the PN-E to a PN program by deleting the 'E' on SEPA. Code the newborn 'IN' on the PN case and change the mother's code to "DM". This will allow the child to be covered for the remainder of the 60 day period and for the PN+ program once the birth is verified.

For month of birth

- ✓ Open PN-E for the mother.
 - SEPA code mother IN and baby UB.
- ✓ Open NB or CM for the baby
 - SEPA code mother DM and newborn IN.
 - Do not post any income or assets for NB or CM
- ✓ Authorize eligibility for the month of birth and then close the NB or CM case.

For the month after birth

- ✓ Change the PN-E program to a PN program by deleting the "E" on SEPA.
- ✓ Change the mother's SEPA code from "IN" to 'DM'.
- ✓ Code the newborn's SEPA code from "IN" on SEPA.
- ✓ Close the NB or CM program.
- ✓ Authorize the PN case.

60-Day Postpartum period expires

- ✓ Open PN+ for the newborn once the birth is verified.
(Use the Vital Statistics data base to verify the birth.)

Deeming and Household Size

NEVER CODE A U.S. CITIZEN/QUALIFIED ALIEN “IN” ON SEPA FOR AN EMERGENCY MEDICAL PROGRAM!

THIS INCLUDES UNBORNS!

NEVER CODE A NON-QUALIFIED ALIEN “IN” ON SEPA FOR A REGULAR MEDICAL PROGRAM!

Follow the income deeming and household size rules for the program type for which you are determining eligibility. No special considerations for ineligible aliens for deeming income or household size.

Family Related Medicaid

■ ***Regular Medicaid***

- ▶ Do not include any ineligible alien family member in the coverage.
- ▶ Apply sponsor income deeming rules to sponsored aliens.

■ ***Emergency Medicaid***

- ▶ Do not include any U.S. citizen or eligible qualified alien family member in the coverage.
- ▶ Do not deem any income from an alien sponsor who is not a spouse or parent living with the alien on the “E” case.

Family Related Programs	Regular Medicaid SEPA Codes	Emergency Medicaid SEPA Codes
Parent or Spouse - Must be included in the household size.		
→US Citizen/Qualified Alien	IN or DM or SS	DM
→Ineligible Alien	DM	IN or DM

Dependent Child - Except for FM-0, a child may be included or excluded (coded OU) at the option of the parent if it's to the advantage of the household.

→US Citizen/Qualified Alien	IN, DM, SS, or OU	DM or OU
→Ineligible Alien	DM or OU	IN, DM, OU
→Unborn - *FM-0 must be in 3 rd trimester to code IN	IN or DM or OU	OU

FM-F-E SEPA CODING

Use the following procedure on a FM-F-E case only: The F-Medical program requires at least one eligible dependent child (coded 'IN' on SEPA) to include a parent.

- **Regular FM-F:** At least one child in the household must meet citizenship requirements and be code 'IN' for regular (non-emergency) FM-F eligibility of a parent.
- **FM-F-E:** If all of the children in the household are U.S. citizens, none of the children can be coded "IN" on the FM-F-E case. Coding one child 'UB' on the FM-E program will meet the eligible child requirement for FM-F-E; but will not include that child on the emergency program. Also, the child coded 'UB' will be included in the BMS. Document on CAAL the reason the 'UB' code was used.

Clarification Example:

Question: I have a case where the Mother, a U.S. citizen, has a medical need. The husband and all of the children do not meet U.S. citizenship or eligible qualified alien status. The children meet deprivation due to underemployment of the Mother (primary wage earner parent), but since none of the children are eligible qualified aliens, does she have an eligible child? Is FM-F with a spenddown an option?

Answer: The policy for FM that you must have a child that is eligible to be included in the FM-F program is still required to open a regular FM program. To have an eligible child, they must be coded 'IN' on the program not 'DM'. In this case, if none of the children meet U.S. citizenship or qualified alien requirements, then you do not have an eligible child and the mother would not qualify for regular FM-F. You could look at FM-F-E (emergency) for the non-citizen children/father. (Policy IIIF Sec 303). The deeming changes under the alien policy does not affect FM-F eligible child policy.

However, before you take any action on this case, consider the legal status of the children. If they are LPR's it is very likely that they meet Automatic Citizenship requirements. If the mother is a U.S. citizen and they are her biological or adopted children under age 18 and are residing together, then the children should have automatic citizenship, (see 205-1 for specifics). If the children meet the automatic citizenship requirements, then they can be coded 'IN' on regular FM-F and therefore, the mother could also be eligible.

Aged, Blind, Disabled Medicaid, QMB, SLMB, QI Programs

■ **Regular Medicaid**

- ▶ **Deeming from an ineligible spouse.** Income and resources of a spouse who does not meet citizenship requirements must be deemed to the eligible spouse. Regular deeming rules apply, including deductions for dependent children living with the parents, even if those children do not meet citizenship requirements. *SEPA code: 'IN', 'DM'.* Use 'DI' only for TPL/DOS sanctions.
- ▶ **Deeming from an ineligible parent.** Income and assets of parents of disabled or blind child must be deemed to the child even if the parents do not meet the citizenship requirements. If a child receives SSI, the assets, but not the income of the parents must be deemed to the child, even if the parents do not meet the citizenship requirements. *SEPA code: 'DM'.* If one parent receives SSI, both parents must be coded 'SS'.
- ▶ **Siblings.** Siblings are coded the same, whether they meet citizenship requirements or not because of special deeming rules for A, B and D Medicaid. *SEPA code: 'OU'.*
- ▶ **Newborns.** PACMIS will not include a child with the relationship code of 'UB' in the household allocation for an A,B,D case once the baby is born. Use the relationship code 'CH' or 'SB' code for the ABD case once the baby is born depending on the newborn's relationship to the 'PI'. If the baby is open PN+, you will need to set-up two cases.

■ **Emergency Medicaid**

Income and assets of a spouse or of parents of a dependent child must be deemed to the eligible person.

ABD Programs	Regular Medicaid SEPA Codes	Emergency Medicaid SEPA Codes
Parent or Spouse		
→US Citizen/Qualified Alien	IN or DM or SS	DM
→Ineligible Alien	DM	IN or DM

Dependent Child/Sibling		
→US Citizen/Qualified Alien	IN, SS, or OU	OU
→Ineligible Alien	OU	IN, OU
→Unborn	OU	OU

Primary Care Network (PCN) Program

- **Parent or a Spouse** - Must be included in the household size, even if the person does not meet citizenship requirements. **SEPA code: 'IN' or 'DM'.**
- **Dependent Child**
 - If child **does or does not** meet the citizenship/qualified alien requirement, the child **MUST** be included in the household size. **SEPA code: 'OC'.**

No Emergency Services for PCN!

PCN Program	PCN SEPA Codes
Parent or Spouse	
→US Citizen/Qualified Alien	IN or DM
→Ineligible Alien	DM

Dependent Child/Sibling	
→US Citizen/Qualified Alien	OC
→Ineligible Alien	OC
→Unborn of applicant or their spouse	UB
→Unborn of applicant's child	OU

****Never use 'SS' code for PCN**

Never Code a Non-Qualified Alien 'IN' or 'OU' on PCN!

Children's Health Insurance Program (CHIP)

- **Parent or a spouse** - Must be included in the household size, even if the person does not meet citizenship requirements. **SEPA code: 'DM' (or 'IN' if meets age requirement).**

- **Child/Sibling:**
 - ▶ If child/sibling **does not** meet the citizenship requirement, the child/sibling **MUST** be included in the household. **SEPA code: 'DM'.**
 - ▶ If child/sibling **does** meet citizenship requirements, they must be included in the household size. **SEPA code: 'IN' or 'DM'.**

No Emergency Services for CHIP!

CHIP Program	CHIP SEPA Codes
Parent or Spouse	
→US Citizen/Qualified Alien	DM or IN
→Ineligible Alien	DM

Dependent Child/Sibling	
→US Citizen/Qualified Alien	IN, OC
→Ineligible Alien	OC
→Unborn - CHIP unborn in 3 rd Trimester	IN
→Unborn - unborn not 3 rd Trimester	UB or DM

****Never use 'SS' code for CHIP**

Never Code a Non-Qualified Alien 'IN' or 'OU' on CHIP!

PACMIS SEPA CODES

- DI** Disqualified or excluded. The person is included in the BMS and is not counted in the coverage unit. Income and assets are counted. Use this code when you sanction the customer for TPL non-cooperation.

- DM** Deemed. This code is used for medical cases only. Income and asset are counted from this person. A deemed (DM) person will not receive any benefits. The person is included in the household size and/or the BMS if she or he has deemable income.

- IN** In. PACMIS counts the persons income, expenses and assets. The person is included in the household size and/or the BMS.

- OC** Use for Primary Care Network Program ONLY. All children or step-children (son or daughter) of the applicant who are under age 19. They are included in the household size, but not included in the benefit. Their income will not count.

- OU** Out. PACMIS does not count the person. On A, B, and D cases any non-disabled children under age 18 or 18-20 in school full-time who should be used in the parental deeming calculation must be coded "OU". This allows an allocation from an ineligible parent's income. If the child is 18 or over and not in school, change the relationship code to 'OR' so that the allocation is not allowed. Disabled children should be coded 'SS'.

- SS** SSI recipient. The individual is not included in the household size and/or BMS. PACMIS does not count the individual's expenses, assets, or income. If the individual is a child, she/he is counted in the age deprivation test. Used in A, B, D cases for disabled children, whether or not receiving SSI, on a disabled parent's or sibling's case. Used on a disabled child's case for a SSI parent. If one parent receives SSI, both parents must be coded '**SS**'. Do not use the 'SS' code for PCN or CHIP.

- UB** (Unborn Child). Allows an 'eligible child' without including that child on the Medical Card. ***PN-E case: Code the unborn/newborn 'UB' the month of birth.***
(Unborn/newborn cannot be coded 'IN' on an emergency medical case, because they are a U.S. citizen). To insure the baby has medical coverage the month of birth, open them on NB or CM program.

PACMIS CODING SCENARIO:

John (parent) is LPR (eligible qualified alien)

Sonya (parent) is illegal alien

Tanya (3 yr. old child) open NB (meets U.S. citizenship requirements)

Todd (5 mo. old child) open PN+ (meets U.S. citizenship requirements)

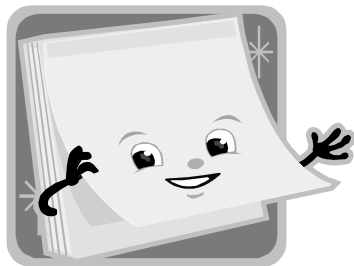
Application received. Both parents are claiming a medical need, with Sonya claiming an emergency medical need. Neither parent is permanently disabled, but Sonya's medical need meets the definition of incapacity for month determining eligibility. Both children are already open NB and PN+. How would this case be set up on PACMIS?

- Look at FM and FM-E eligibility based on incapacity for both parents. Work the regular FM program with the open NB and PN+ case number. For the FM month, Tanya would not be coded 'IN' on the NB. Avoid the NBRD, NBIE, and NBED screens.
- A new case number would be required to register the FM-E case. The F-Medical program requires at least one eligible dependent child to include a parent. In this example, both children are U.S. citizens and **cannot** be coded 'IN' on the emergency medical case; as they are eligible for full Medicaid services. Coding one of the children 'UB' on the FM-E case will tell PACMIS there is an eligible child without including that child on the emergency program. (*The 'UB' code is really for an unborn child. Document on CAAL the reason the 'UB' code was used and that the child is not really an unborn.*) This allows an Emergency card for the mother without including the child.

PACMIS registration and SEPA coding:

	SEPA Relationship	Program & SEPA Code	Program & SEPA Code	Program & SEPA Code	Program & SEPA Code
Individual		<i>PN+</i>	<i>NB</i>	<i>FM</i>	<i>FM-E*</i>
John	PI	DM	DM	IN	DM
Sonya	SP	DM	DM	DM	IN
Tanya	CH	DM	DM	IN	UB
Todd	UB	IN	DM	DM	DM

****Remember the FM-E case should be set-up on a different case number.*** The spenddown should be the same for both cases. By meeting the spenddown on one case, it will meet the spenddown on the other. The household would only pay the spenddown one time.



Tips and Reminders

- ★ **Emergency Medicaid is not a separate type of Medicaid.**
- ★ **No Emergency Coverage for PCN, CHIP, QMB, SLMB or QI Programs.**
- ★ **For Family Medicaid, use FM-F-E. Don't use FM-O for emergency services. Can look at FM-O for citizen children with a non-citizen parent/s coded DM.**
- ★ **Emergency Service Rule of Thumb - If a procedure can be scheduled in the future, the service will rarely qualify as an emergency.**
- ★ **Never code a person who meets U.S. citizen or qualified alien requirements 'IN' on an Emergency Medical case.**
- ★ **Never code a non-qualified alien 'IN' on SEPA for a regular Medicaid program.**
- ★ **Special PN-E PACMIS coding. Do not include the unborn in the PN-E coverage the month of birth, code their participation 'UB' and open them on NB or CM for that month.**
- ★ **Before authorizing a spenddown, check with Medical Claims to make sure the emergency service is a covered service and it exceeds the cost of the spenddown amount. Use the Emergency Medicaid Spenddown Fax Sheet.**
- ★ **Citizen parent must have a citizen dependent child to meet eligible child rule for regular FM-F.**
- ★ **Emergency Medicaid still requires an individual to meet Utah residency requirements, even though they don't meet U.S. citizen/qualified alien requirements.**

Emergency Medicaid Questions

1. Mr. Rogers, who does not meet qualified alien criteria, applied for Emergency Medicaid July 24. He was rushed to the hospital on June 28, released and then was rushed to the hospital again with further complications on July 2. Mr. Rogers has been stable July 2. He hopes he does not have a continued “emergency” medical need, but is afraid he may have medical problems in the future because of the experiences he had in June & July. What months would you approve him for emergency Medicaid eligibility? When would you close the program?
2. How many months a year may someone receive emergency medical assistance?
3. Do we require Duty of Support for children receiving Emergency Medicaid?
4. Juan and his wife Julie are sponsored aliens who have not yet met the 5 year bar to be eligible qualified aliens. You are determining Emergency-Only Medicaid eligibility for Juan. Do you deem their sponsor’s income?
5. When defining an “Emergency Service” what is the Rule of Thumb?
6. What task must you complete before you authorize an emergency Medicaid program that requires a spenddown?

Deeming Questions

7. Rosa is a single parent with 4 children; Sam & Sally are twins age 11, Patty age 8, and Cathy age 6. Rosa, Sam and Sally do not meet U.S. Citizenship/Qualified Alien criteria. Patty and Cathy were born in the United States. Rosa claims she has an emergency medical need. Sam and Sally have no emergency medical need. She wants Medicaid for Patty and Cathy. Below lists the programs they would be eligible for. How would you code them on SEPA?

		Program Code	Program Code
Individual	SEPA Relationship	FM-E**	NB/NB+
Rosa			
Sam			
Sally			
Patty			
Cathy			

**Possible spenddown for FM-E program; depending on countable income for the month.

8. Carla is a single mother with 4 children: Chad age 16, Carolina age 13, Connie age 9 and Cyndi age 5. Carla & Chad do not meet U.S. Citizenship/Qualified Alien criteria. Carolina, Connie and Cyndi were both born in the U.S. Carla and Chad have no emergency medical need. Connie is disabled and receives SSI. Their income is under 200% of poverty. They meet the poverty level income test for NB, but not NB+. They want CHIP for Carolina. Below lists the programs they would be eligible for. How would you code them on SEPA?

		Program Code	Program Code	Program Code
Individual	SEPA Relationship	DM	NB	CI
Carla				
Chad				
Carolina				
Connie				
Cyndi				

9A. Maria and her husband Jose have 3 children, Sophie age 5, Tasha age 3, and Kitty a newborn. Maria, Jose and Sophie do not meet U.S. Citizenship/Qualified Alien criteria. Tasha and Kitty are U.S. citizens. The application is dated June 20. Kitty was born on June 2. They are applying for all of their children and PN-E for Maria. Sophie had an emergency medical need in the month of June. They meet the poverty level income and asset test. Below lists the programs they would be eligible for. How would you code them on SEPA?

<i>Month of June</i>		Program Code	Program Code	Program Code
Individual	SEPA Relationship	PN-E	NB	CM-E**
Maria				
Jose				
Sophie				
Tasha				
Kitty				

**Could set-up separate NB-E case for Sophie or open CM-E. If you open Sophie on CM-E, the income could produce a spenddown. To avoid a spenddown, (since you already know that Sophie qualifies for a poverty level program), code the other household members 'OU'. Document this special circumstance on CAAL.

9B. What actions would be taken for the month of July? What programs would be open?

<i>Month of July</i>		Program Code	Program Code	Program Code
Individual	SEPA Relationship	PN/PN+	NB	CM-E
Maria				
Jose				
Sophie				
Tasha				
Kitty				

- Maria would not be eligible for PN the month of July. Remove the 'E' from the PN. Change Maria's SEPA code to 'DI' or 'DM' and Kitty's to 'IN'. This opens Kitty on the PN/PN+ until age 1 year.
- Change Kitty's SEPA code on the NB case to 'DM' as Kitty is now open on PN/PN+.
- Sophie has no emergency medical need in July. Close CM-E case, "EM" effective June 30. Sophie is no longer eligible.

Emergency Medicaid Answers

1. Mr. Rogers, who does not meet qualified alien criteria, applied for Emergency Medicaid July 24. He was rushed to the hospital on June 28, released and then was rushed to the hospital again with further complications on July 2. Mr. Rogers has been stable July 2. He hopes he does not have a continued “emergency” medical need, but is afraid he may have medical problems in the future because of the experiences he had in June & July. What months would you approve him for emergency Medicaid eligibility? When would you close the program?

Approve the case for June and July because Mr. Rogers had an emergency Medicaid need in those months. Mr. Rogers is not claiming a continued medical need, just a concern that it could happen. Explain to Mr. Rogers that the coverage is for emergency services only and he may apply again if he has an emergency service in the future. Close the case effective July 31.

2. How many months a year may someone receive emergency medical assistance?

As many months the person has an emergency medical service and meets the program’s eligibility for the month. However, do not leave the program open because you think the person may have an emergency in the future. The person may reapply when and/if they have another emergency medical service.

3. Do we require Duty of Support for children receiving Emergency Medicaid?

Yes. The customer has to meet ALL Medicaid requirements except for citizenship and in the case of undocumented aliens, Social Security Number.

4. Juan and his wife Julie are sponsored aliens who have not yet met the 5 year bar to be eligible qualified aliens. You are determining Emergency-Only Medicaid eligibility for Juan. Do you deem their sponsor’s income?

No. Sponsor income deeming rules do not apply to Emergency-Only Medicaid.

5. When defining an “Emergency Service” what is the Rule of Thumb?

If a procedure can be scheduled in the future, the service will rarely qualify as an emergency.

6. What task must you complete before you authorize an emergency Medicaid program that requires a spenddown?

Use the Medicaid Fax Sheet to contact Medical Claims to make sure the emergency service is a covered service and it exceeds the cost of the spenddown amount.

Deeming Answers

7. Rosa is a single parent with 4 children; Sam & Sally are twins age 11, Patty age 8, and Cathy age 6. Rosa, Sam and Sally do not meet U.S. Citizenship/Qualified Alien criteria. Patty and Cathy were born in the United States. Rosa claims she has an emergency medical need. Sam and Sally have no emergency medical need. She wants Medicaid for Patty and Cathy. Below lists the programs they would be eligible for. How would you code them on SEPA?

		Program Code	Program Code
Individual	SEPA Relationship	FM-E**	NB/NB+
Rosa	PI	IN	DM
Sam	CH	IN	DM
Sally	CH	IN	DM
Patty	CH	DM	IN
Cathy	CH	DM	IN

**Possible spenddown for FM-E program; depending on countable income for the month.

8. Carla is a single mother with 4 children: Chad age 16, Carolina age 13, Connie age 9 and Cyndi age 5. Carla & Chad do not meet U.S. Citizenship/Qualified Alien criteria. Carolina, Connie and Cyndi were both born in the U.S. Carla and Chad have no emergency medical need. Connie is disabled and receives SSI. Their income is under 200% of poverty. They meet the poverty level income test for NB, but not NB+. They want CHIP for Carolina. Below lists the programs they would be eligible for. How would you code them on SEPA?

		Program Code	Program Code	Program Code
Individual	SEPA Relationship	DM	NB	CI
Carla	PI	DM	DM	DM
Chad	CH	OU	DM	DM
Carolina	CH	OU	DM	IN
Connie	CH	IN	SS	DM
Cyndi	CH	OU	IN	DM

9A. Maria and her husband Jose have 3 children, Sophie age 5, Tasha age 3, and Kitty a newborn. Maria, Jose and Sophie do not meet U.S. Citizenship/Qualified Alien criteria. Tasha and Kitty are U.S. citizens. The application is dated June 20. Kitty was born on June 2. They are applying for all of their children and PN-E for Maria. Sophie had an emergency medical need in the month of June. Below lists the programs they would be eligible for. How would you code them on SEPA?

<i>Month of June</i>		Program Code	Program Code	Program Code
Individual	SEPA Relationship	PN-E	NB	CM-E**
Maria	PI	IN	DM	OU
Jose	SP	DM	DM	OU
Sophie	CH	DM	DM	IN
Tasha	CH	DM	IN	OU
Kitty	UB	UB	IN	OU

**Could set-up separate NB-E case for Sophie or open CM-E. If you open Sophie on CM-E, the income could produce a spenddown. To avoid a spenddown, (since you already know that Sophie qualifies for a poverty level program), code the other household members 'OU'. Document this special circumstance on CAAL.

9B. What actions would be taken for the month of July. What programs would be open?

<i>Month of July</i>		Program Code	Program Code	Program Code
Individual	SEPA Relationship	PN/PN+ <i>*remove the "E"</i>	NB	CM-E <i>*close CM-E case effective June 30</i>
Maria	PI	DM	DM	
Jose	SP	DM	DM	
Sophie	CH	DM	DM	
Tasha	CH	DM	IN	
Kitty	UB	IN	DM	

- Maria would not be eligible for PN the month of July. Remove the 'E' from the PN. Change Maria's SEPA code to 'DM' and Kitty's to 'IN'. This opens Kitty on the PN/PN+ until age 1 year.
- Change Kitty's SEPA code on the NB case to 'DM' as Kitty is now open on PN/PN+.
- Sophie has no emergency medical need in July. Close CM-E case, "EM" effective June 30. Sophie is no longer eligible.

Continue Training with the following related courses:



- ★ **U.S. Citizenship & Qualified Alien Policy for Medicaid**
- ★ **Refugee Medicaid**
- ★ **SAVE**
- ★ **Sponsor Deeming**